



Explanation of Benefits

(THIS IS NOT A BILL)

Patient Name: JUDITH SELIGMAN

Date of Birth: **XXXXXX1111**

Relationship: SUBSCRIBER

Subscriber: JUDITH SELIGMAN

Patient Acct: **XXXXXX10**

Business/Dentist: NEW MEXICO PROFESSIONAL DENTAL ASSOCIATES INC

License No.: 4546 / NM (NPI: 1538510433)

Check No.: 9100196361

Issue Date: 01/16/2018

Receipt Date: 01/16/2018

Claim No.: 1801162050124

Go Green! A new Consumer Toolkit feature allows you to stop delivery of paper Explanation of Benefits (EOB) statements and instead view and print EOB's online. Once enrolled, emails will be sent to you when new EOB's are available for viewing in Consumer Toolkit. Go to www.deltadentalnm.com/Individuals/Consumer-Toolkit and sign up today!

Pay To: C = Custodial Parent
S = Subscriber
P = Provider
A = Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Description	Submitted Amount	Maximum Approved Fee	Contract Dentist Savings	Allowed Amount	Deductible / Patient Co-Pay/Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL OF NEW MEXICO						PRODUCT: DELTA DENTAL PPO (POINT-OF-SERVICE)					
CLIENT/ID: 13087						SAFE SITE EDUCATIONAL CENTER					
SUBCLIENT: 0001						SAFE SITE EDUCATIONAL CENTER					
NETWORK: PPO DENTIST	01/15/18	ORAL EXAM	82.00	48.00	34.00	48.00		100%	48.00	0.00	P
	01/15/18	XRAYS	108.00	70.00	38.00	70.00		100%	70.00	0.00	P
	Total		190.00	118.00	72.00	118.00	0.00		118.00	0.00	



DELTA DENTAL OF NEW MEXICO
2500 LOUISIANA BLVD. NE, SUITE 600
ALBUQUERQUE, NM 87110-4372

Payment for these services is determined in accordance with the specific terms of your dental plan and/or Delta Dental's agreements with its contracting dentists. For inquiries regarding contracting dentists, please call the number listed. Delta Dental's payment decisions do not qualify as dental or medical advice. You must make all decisions about the desirability or necessity of dental procedures and services with your dentist.

If your claim was denied in whole or in part so that you must pay some amount of the claim, upon a written request and free of charge, we will provide you with a copy of any internal rule, guideline or protocol or, if applicable, an explanation of the scientific or clinical judgment relied upon in deciding your claim. If you think Delta Dental incorrectly denied all or part of your claim, you may ask to have the claim reviewed. Your written request for a formal review must be sent within 180 days of your receipt of this EOB to the address listed. You may submit any additional materials you believe support your claim. A decision will be made no later than 30 days from the date we receive your request. Refer to your Dental Benefit Handbook for a complete description of Delta Dental's Claims Appeal process. You are not required to file a formal appeal to Delta Dental prior to arbitration or taking civil action.

Important Plan Information

www.deltadentalnm.com
FOR INQUIRIES: 505-855-7111 / 877-395-9420
(TTY users call 711)

Your privacy is important to us. To access our HIPAA Notice of Privacy Practices, please visit our website.

JUDITH SELIGMAN
10916 LAGRANGE PARK NE
ALBUQUERQUE, NM 87123

ANTI-FRAUD TOLL-FREE HOTLINE: (877) 395-9420

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling our toll-free hotline.